

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>04800889</u>	FILING DATE <u>03.08.01</u>					
						CLAIMS						
CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8	/						58					
9		/					59					
10		/					60					
11		/					61					
12	/						62					
13	/						63					
14		/					64					
15		/					65					
16	/						66					
17		/					67					
18		/					68					
19	/						69					
20		/					70					
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22	/						72					
23	/						73					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	8		↓		↓	↓	TOTAL IND.		↓		↓	↓
TOTAL DEP.	16	↓		↓		↓	TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS	24	↓	↓	↓	↓	↓	TOTAL CLAIMS		↓		↓	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS